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Efforts to Improve Clean and Healthy Living Behaviors in Elementary School Level Students Through The Essence of The Small Doctor Program in The School Environment

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Abstrak

Penelitian ini bertujuan untuk 1) mengetahui hubungan program dokter kecil dengan perilaku hidup bersih dan sehat pada siswa sekolah dasar; 2) mengetahui hubungan lingkungan sekolah dengan perilaku hidup bersih dan sehat pada siswa sekolah dasar. Penelitian ini dilakukan pada SD di Kelurahan Tembong, Kecamatan Cipocok Jaya, Kota Serang dengan jumlah sampel diambil sebanyak 78 siswa simple random sampling. Analisis data menggunakan analisis koefisien korelasi dengan program SPSS. Hasil penelitian ini menunjukkan terdapat hubungan positif dan signifikan program dokter kecil dengan perilaku hidup bersih dan sehat. Terdapat hubungan positif dan signifikan lingkungan sekolah dengan perilaku hidup bersih dan sehat.
Kata Kunci: Perilaku Hidup Bersih dan Sehat, Program Dokter Kecil dan Lingkungan Sekolah

Abstract

This study aims to 1) determine the relationship between small doctor programs and clean and healthy living behaviors in elementary school students; 2) knowing the relationship between the school environment and clean and healthy living behaviors in elementary school students. This research was conducted at an elementary school in Tembong Village, Cipocok Jaya District, Serang City with a total sample taken of 78 simple random sampling students. Data analysis using correlation coefficient analysis with the SPSS program. The results of this study show that there is a positive and significant relationship between small doctor programs and clean and healthy living behaviors. There is a positive and significant relationship between the school environment and clean and healthy living behaviors.
Keywords: *Clean and Healthy Living Behaviors, Small Doctor Program and School Environment*

INTRODUCTION

Health in the world of education is held to improve the ability to live a healthy life of students in a healthy living environment, so that students can learn, grow and develop harmoniously and optimally into more qualified human resources. Coaching and developing school health businesses into educational and health efforts that are carried out in an integrated, conscious, planned, directed and responsible manner in instilling, growing, developing and guiding to live, enjoy and implement the principles of healthy living in daily students. Therefore, clean and healthy living behavior (PHBS) is one of the important problems to be realized.

According to Notoatmodjo (2016:21), Clean

and Healthy Living Behavior (PHBS) is a set of behaviors that are practiced on the basis of awareness as a result of learning that aims to make a person able to help themselves in the health sector. Learning in Clean and Healthy Living Behavior (PHBS) also aims to encourage a person to play an active role in realizing health, especially physical health in order to create a healthy living environment.

Early school children are the fulcrum of the nation's future. The implementation of health programs, school-age children is a strategic target, in addition to their large number, they are also targets that are easy to reach because they are well organized. History shows that the failure or success of a nation in the future depends on how it deals with child health problems. This awareness is the reason behind the development of efforts to foster children's health in the school environment. School Health is organized to improve the ability to live a healthy life of students in a healthy living environment so that harmoniously and optimally become more qualified human resources (Law Number 36 of 2009).

Factors that influence health behaviors, especially in children, include health, culture, religion, and local customs as well as the treatment of parents in educating children (Wong, et al, 2014). The role of parents and teachers is also another factor that has a major impact on the development of children's health behaviors that frequent interactions with children can help health behaviors in children. Teaching and targeting health behaviors in schoolchildren from an early age can help children's physical, psychological and mental health.

The implementation of Clean and Healthy Living Behavior (PHBS) in schools is an absolute necessity along with the emergence of various diseases that often affect school-age children (6-12 years) such as worms, diarrhea, toothache, skin pain, malnutrition and so on. The application of Clean and Healthy Living Behavior (PHBS) can be done through the School Health Business (UKS) approach, by emphasizing sanitation efforts or monitoring various environmental factors that can affect the degree of human health (Azwar, 2015:75).

The small doctor program is one of the extracurricular programs in primary schools and is part of UKS activities. Usually small doctors are those who receive elementary school education in grades IV to VI and include outstanding students, as well as other requirements that are certainly related to health. One of the obligations as a small doctor is to provide examples of healthy behaviors and be able to encourage his friends to live a healthy lifestyle. Small doctors who are part of UKS activities are equipped with various health sciences such as environmental health problems or knowledge about the signs of disease. In addition, they are also given knowledge about how important it is to have adequate nutrition and so on.

In reality, the small doctor program did not go as expected. An obstacle that is often encountered is the uneven distribution of small doctor programs that run in elementary schools throughout Indonesia. This is due to the lack of encouragement to run a small doctor program in a school. In addition, the requirements for school infrastructure that must be adequate for the holding of a small doctor program, area and facilities also greatly determine the existence of a small doctor program in a school.

Considering that schools are a group of communities that have a big role in survival, it is necessary to pay attention to and improve the ability to live a healthy life of students through one of them creating a healthy school environment so that students can learn to grow and develop harmoniously and optimally which will later produce quality human resources (Ahmadi, 2013: 2).

Based on the observations, it can be seen that most of the students are still littering while trash

cans have been provided. In addition, students are also not used to washing their hands before eating food because they think that to eat small food, there is no need to wash their hands, only when eating rice is necessary. The habit of brushing their teeth is still rarely done by students, this is reflected in their yellow teeth and some suffer from dental caries. Furthermore, it can also be seen that there are still many students snacking on food outside the school. Researchers saw that there were many food vendors outside the school whose snacks were not covered. Many of the elementary schools in Tembong village whose bathrooms and toilets still look less clean and smelly and the classrooms are still not neat.

From the various problems that have been identified, a limitation can be made, namely on the relationship between the small doctor program and the school environment with the application of Clean and Healthy Living Behavior (PHBS) in elementary school students in Tembong village.

The Relationship of the Small Doctor Program with Clean and Healthy Living Behaviors

Small doctors are a program to train students in schools to participate in some efforts to maintain and improve health both for themselves, friends, family and the environment. By joining a small doctor program, students will have additional knowledge about health. The existence of a small doctor program that is carried out can make students pay more attention to the importance of health problems, so that the habit of Clean Living Behavior (PHBS) can be applied more optimally.

The Relationship between the School Environment and Clean and Healthy Living Behaviors

The school as a place where the learning process takes place must become a "*Health Promoting School*". The facilities and infrastructure that are fully available will stimulate all parties to take advantage of these facilities and infrastructure. Therefore, the availability of facilities and infrastructure is a very important environmental factor and is an absolute requirement in learning strategies, because the availability of facilities and infrastructure will encourage teachers to take advantage of them. The facilities and infrastructure referred to in this study are facilities and infrastructure in health education that are closely related to UKS facilities and infrastructure so that the application of clean and healthy living behaviors (PHBS) can be carried out properly.

RESEARCH METHOD

This research is included in quantitative research. The purpose of this study is to make a systematic, factual and accurate description or description of the facts, properties, and relationships between the phenomena investigated. In associative research it is used to analyze the relationship of small doctor programs and the school environment with Clean and Healthy Living Behaviors (PHBS) of students at the elementary level. The data obtained are then processed, analyzed and further processed with the theoretical foundations that have been studied to draw conclusions. Meanwhile, the analysis is carried out through a quantitative approach that uses relevant statistical methods to test hypotheses. For this reason, steps are taken starting from the operationalization of variables, the design of hypothesis measurements, and data collection methods.

The population in this study was upper grade students at SD Negeri in the Tembong Village area, Serang District, which amounted to 355 students. Because of its unlimited number, this study requires a number of samples to be taken as respondents who represent the population. The sample in the study was taken by the Slovin formula:

$$n = \frac{N}{1 + Ne^2}$$

Where:

n= Number of samples

N= Total population

e= Tolerable sampling error (10%)

Account:

$$n = \frac{355}{1 + 355\ (0{,}1)^2} = \frac{355}{4{,}55} = 78$$

In terms of data sources, the data collection used is the primary data source and the secondary data source. Meanwhile, in terms of methods, the data collection techniques in this study mainly used questionnaires. The questionnaire was used by researchers to collect primary data in the form of responses from upper grade students at elementary schools in Tembong Village about the variables studied. In addition, researchers also used non-structural interviews and observations to support the results of filling out research questionnaire

The questionnaire assessment in this study was expressed in a likert type interval scale with a weight of 1 to 5 which has a scoring interpretation:

Weight 1= Strongly disagree

Weight 2= Disagree

Weight 3= Sufficient

Weight 4= Agree

Weight 5= Strongly agree.

Descriptive analysis techniques are used to analyze data by describing or describing the data that has been collected as it is without. The descriptive analysis in this study used a continuum review.

Before data analysis is carried out, a classical assumption test is first carried out consisting of a normality test and a linearity test. If the classical assumption test is met, then data analysis can be carried out.

The hypothesis in this study includes partial parameter testing. T test was conducted to see the significance of the independent variable, namely the small doctor program and the school environment with a dependent variable, namely PHBS in elementary school level students.

RESULTS AND DISCUSSION

Normality Test Results

The normality test is intended to see whether the data used is normally distributed or not. In this study, the normality test was carried out through the *Kolmogorov Smirnov One Sample* test using the SPSS version 25.00 program. The data were declared normally distributed when the signification or *asymp sig (2 tailed) level of Kolmogorov Smirnov's One Sample* was obtained > 0.05. The results of *Kolmogorov Smirnov's One Sample* test of the three research variables are presented as follows:

Table 1
Data Normality Test Results

Variable	*Asymp himself (2 tailed)*	Information
Small doctor program (X1)	0,167	Normal Distributed
School environment (X2)	0,100	Normal Distributed
PHBS (Y)	0,090	Normal Distributed

Source: data processed by researchers, 2022.

The results of the normality test above showed the signification value of *Kolmogorov Smirnov's One Sample* of each variable > 0.05. This means that all research variables are stated to have a normal data distribution. The variable that has the lowest *asymp sig (2 tailed*) value is the clean and healthy living behavior variable (PHBS) with a value of 0.090.

Linearity Test Results

The linearity test is used to find out whether there is a linear relationship between an independent variable and a dependent variable. The linearity test in this study was shown by the F value in the ANOVA Table output from the calculation results of the SPSS program version 25.00. The test criterion used in this study is that if the F value is calculated < F table at a

signification level of 5%, it is stated that there is a linear relationship. The table F value for the relationship of small physician programs with PHBS (X1 -> Y) was obtained by 4.54 from df= 1:15. While the F value of the table for the relationship of the school environment with PHBS (X2 -> Y) was obtained by 4.41 from df = 1:18.

Table 2
Linearity Test Results

Relationship	df	F count	F table	Result
X1 -> Y	1:15	1,504	4,54	Linear
X2 -> Y	1:18	1,245	4,41	Linear

Source: data processed by researchers, 2022.

Based on the results of the linearity test in table 2 above, it is known that the calculated F value in the two relationships, namely X1->Y and X2->Y, is actually smaller than the F value of the table, thus giving the understanding that the variables of the doctor's program are small and the school environment have a linear relationship with the PHBS variable. This means that all correlated variables are stated to have a linear relationship

Correlation Coefficient Test Results

Correlation analysis is used to determine the strength of the relationship between independent variables and dependent variables. The correlation coefficient test in this study used the *Pearson Correlation Product Moment* formula obtained from the calculation results of the SPSS program version 25.00. From these outputs, an explanation can be made of the results of the correlation coefficient test of research variables, namely:

Table 3
Correlation Coefficient Test Results

Relationship	Correlation Coefficient (r)	Interval	Information
X1 -> Y	0,919	0.8 n/d 1	Very powerful
X2 -> Y	0,975	0.8 n/d 1	Very powerful

Source: data processed by researchers, 2022.

Based on the data in table 3, the value of the correlation coefficient (r) X1 -> Y is 0.919 and X2 -> Y is 0.975. These two values of the correlation coefficient are at intervals of 0.8 to 1 so that this result indicates a strong relationship between X1 -> Y and X2 -> Y. Thus, it can be interpreted that the small doctor program has a very strong relationship with PHBS. Likewise, the relationship between the school environment and PHBS is stated to be very strongly related.

Hypothesis Test Results

A hypothesis is a temporary answer to the problem formulated. Therefore, this provisional answer must be tested for truth empirically. Hypothesis testing in this study was carried out using statistical tests t for the first and second hypotheses (H1 and H2 which were processed using the SPSS program version 25.00.

The first hypothesis (H1) states that "there is a significant relationship between the small doctor program and clean and healthy living behaviors in elementary school students in Tembong Village". Based on the provisions of the t statistical test, the hypothesis is expressed as accepted if the calculated t value > t table is obtained. At a signification rate of 1% the table t value was obtained 2.642. Whereas at a signification rate of 5% the table t value is 1.991 (df=78-2, two-party test). The following are presented the results of the first hypothesis test:

Table 4
First Hypothesis Test Results (H1)

Hypothesis	Correlation Coefficient (r)	T count	Itself.	T table		Ket.
				1%	5%	
X1 -> Y	0,919	2,142	0,035	2,642	1,991	Accepted

Source: data processed by researchers, 2022.

Based on the data in table 4, it is known that the strong relationship between the small doctor program and clean and healthy living behaviors (X1-> Y) is shown by a correlation coefficient of 0.919. The results of the statistical test t of the variable relationship X1 -> Y obtained a calculated t value of 2.142 and a sig of 0.035. The results were then consulted with t tables at a

significance level of 5% obtained t count (2.142) > t table (1.991) and sig (0.035) < (0.05). Thus the results of testing the first hypothesis (H1) are declared accepted. This shows that there is a significant relationship between the small doctor program and clean and healthy living behaviors in elementary school students in Tembong Village at a signification rate of 5%.

The second hypothesis (H2) states that "there is a significant relationship between the school environment and clean and healthy living behaviors in elementary school students in Tembong Village". Based on the provisions of the t statistical test, the hypothesis is expressed as accepted if the calculated t value > t table is obtained. At a signification rate of 1% the table t value was obtained 2.642. Whereas at a signification rate of 5% the table t value is 1.991 (df=78-2, two-party test). The following are presented the results of the second hypothesis test:

Table 5
Second Hypothesis Test Results (H2)

Hypothesis	Correlation Coefficient (r)	T count	Itself.	T table		Ket.
				1%	5%	
X2 -> Y	0,975	13,075	0,000	2,642	1,991	Accepted

Source: data processed by researchers, 2022.

Based on the data in table 5, it is known that the strong relationship between the school environment and clean and healthy living behaviors (X2 -> Y) is shown by a correlation coefficient of 0.975. The results of the statistical test t of the variable relationship X2 -> Y obtained a calculated t value of 13.075 and a sig of 0.000. The results were then consulted with t tables at a significance level of 1% obtained t count (13.075) > t table (2.642) and sig (0.000) < (0.01). As for the t table, the signification level of 5% calculated t values are consulted (13.075) > t table (1.991) and sig (0.000) < (0.05). Thus the results of testing the second hypothesis (H2) were declared accepted. This shows that there is a significant relationship between the school environment and clean and healthy living behaviors in elementary school students in Tembong Village both at a signification rate of 1% and signification of 5%.

DISCUSSION

The Relationship of the Small Doctor Program with Clean and Healthy Living Behaviors

The results of this study showed that there was a very strong relationship positively and significantly between the small doctor program and the clean and healthy living behavior of students which can be seen the value of the correlation coefficient (r) of 0.919 and t count t count (2.142) > t table (1.991) at a signification rate of 5%. These results show that the better the small doctor program, the better the clean and healthy living behavior habits carried out by students, or if the small doctor program increases by 1 unit, the clean and healthy living behavior will increase by 0.919 units.

The strong relationship between the small doctor program and clean and healthy living behaviors in this study was partly due to the positive response from students on all indicators of the small doctor program, namely health education, health services, a healthy school living environment, health promotion and health administration in schools. This indicates that students feel happy participating in the small doctor program activities held by the Tembong health center at their school.

By participating in the small doctor program, students will have additional knowledge about health and the importance of maintaining health so that they naturally get used to behaving clean and healthy. The results of this study are in line with Budiharjo (2016) who once proved that the training of small doctors has an effect in efforts to clean and healthy living behaviors in students at SDN 2 Labuapi.

The Relationship of the School Environment to Clean Living Behavior and Sehat

The results of this study show that there

is a very strong relationship positively and significantly between the school environment and the clean and healthy living behavior of students which can be seen the value of the correlation coefficient (r) of 0.975 and t count (13.075) > t table (2.642) at signification 1% and the value t count (13.075) > t table (1.991) at signification 5%. at a signification rate of 5%. These results show that the better the condition of the school environment, the better the habits of clean and healthy living behaviors carried out by students, or if the school environment increases by 1 unit, clean and healthy living behaviors will increase by 0.975 units.

The strong relationship between the school environment and clean and healthy living behaviors in this study was partly due to positive responses from students on all items of school environment indicators, namely clean and healthy living behavior rules in schools, availability of health infrastructure and habituation programs for clean and healthy living behaviors. This indicates that students feel that the conditions of the school environment are very supportive so that clean and healthy living behaviors can be habituated.

Through the hygiene and health infrastructure that is fully available in the school, it will stimulate all parties to get used to behaving clean and healthy such as throwing garbage in its place and flushing the bathroom after use. This research is in line with the results of Suryani's research (2016) which has previously proven that school facilities and support are factors that influence the implementation of living and clean behavior.

CONCLUSION

Based on the results of the research and discussion that have been described, the following conclusions can be made:

1. There is a positive and significant relationship between the small doctor program and clean and healthy living behaviors in elementary school students in Tembong Village. That is, the better the small doctor program, the better the students will get used to behaving clean and healthy.
2. There is a positive and significant relationship between the school environment and clean and healthy living behaviors in elementary school students in Tembong Village. This means that the better the health facilities available in the school environment, the better students will get used to behaving clean and healthy.

From the results of the research that has been carried out, suggestions can be given to various parties involved including:

1. For organizers of small doctor program activities, it is advisable to be able to plan a smaller doctor program that is more interesting and better so that students are more enthusiastic about participating in it, so that they have additional knowledge about the importance of maintaining health.
2. For schools, it is recommended to be able to pay attention to the availability and feasibility of facilities and infrastructure in the school environment so that clean and healthy living behavior habits can be implemented properly by students and other school residents.
3. For parents, it is recommended to be able to help students get used to behaving clean and healthy not only at school but also at home by paying attention to aspects of personal hygiene and food.
4. For students, it is hoped that they can be more enthusiastic about participating in small doctor programs and other health promotion programs held at school and be active in the School Health Unit (UKS) to better understand the importance of maintaining health for themselves and others.

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